

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No.	A-9141
	First Inventor or Application No.	SCHOENBLUM
	Title	A DIGITAL STREAM TRANSCODER WITH A HYBRID-RATE CONTROLLER
	Express Mail Label No.	EL970104537US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																														
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original and duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>53</u> ]	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(e.g. PTO/SB/17)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies																														
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>13</u> ] 4. Oath or Declaration [Total Pages <u>3</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 (COPIES) Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Other:																														
16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 10/635,406 (A-9049) Prior application information: Examiner: UNKNOWN Group Art Unit: UNKNOWN																															
<b>17. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number or Bar Code <b>05642</b> or <input type="checkbox"/> Correspondence address below																															
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Name (Print/type)	SHELEY J. COUTURIER	Registration No. (Attorney/Agent)	47,503
Signature	<i>S. Couturier</i>	Date	SEPTEMBER 9, 2003

Docket No.: A-9141

22313-1450 PTO  
 10/658131  
 09/09/03

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: SCHOENBLUM  
DOCKET NO.: A-9141  
TITLE: A DIGITAL STREAM TRANSCODER WITH A HYBRID-RATE  
CONTROLLER

SEPTEMBER 9, 2003

**FEE TRANSMITTAL FORM**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
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Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 84.00	\$000.00
Total Claims	51	20	31	\$ 18.00	\$558.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$750.00	\$750.00
Total Filing Fee					\$1,308.00

One duplicate original of this sheet is enclosed.

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5030 Sugarloaf Parkway  
Lawrenceville GA 30044

By:



SHELLEY L. COUTURIER  
Agent of Record  
Reg. No.: 47,503  
Phone: (770) 236-2352  
Fax No.: (770) 236-4806

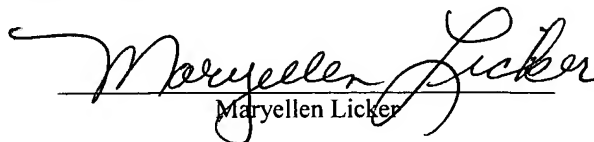
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Maryellen Licker

Docket No.: A-9141